

**TABLE V**  
*Clinical End-Results*  
(at time of death in, or discharge from Olive View Sanatorium and March 1942 for those still in Olive View Sanatorium)

Group and No. of Pts.	N. T. A. Classification		Distribution of Disease		Cavitation		Sputum		Clinical Status (N. T. A.)					
	MA	FA	Unilateral	Bilateral	Collapsed Lung	Uncollapsed Lung	+	-	D	U	I	Q	AA	A
I 21	6 (M-1)	14	8	13	5	3	6	15	2	3	2	3	9	2
II 20	3	17	9	11	2	1	4	16	0	1	1	6	10	2
I and II 41	10	31	17	24	7	4	10	31	2	4	3	9	19	4

ure and sputum conversion in over three-fourths of the cases and (2) arrest or apparent arrest of disease in more than half. Of the 23 arrested or apparently arrested cases, three had a homolateral and one contralateral thoracoplasty; another five thoracoplasty patients were operated on too recently to be rated better than quiescent. Pulmonary cavitation and not empyema was the indication for thoracoplasty in all nine patients but an additional thoracoplasty stage to obliterate the empyema pocket was done in two cases and was successful in only one (Table V).

In reducing the incidence of tuberculous empyema in artificial pneumothorax, two procedures are suggested: (1) discontinuance of ineffective pneumothoraces as soon as the ineffectiveness of complementary collapse measures has been demonstrated; and (2) treatment of serous effusions of 100 cc. or more by frequent aspirations as they must be regarded as potential empyemas.

### PNEUMOTHORAX IN THE OLDER AGE GROUP \*

J. DWIGHT DAVIS, M.D.

*Olive View*

IN a group of 89 patients, varying in age from 43 to 65, pneumothorax was attempted. Cases were selected on the usual criteria for artificial pneumothorax, primarily unilateral state of the disease, presence of cavity and/or positive sputum. Forty of these cases were in the 5th decade of life, 41 in the 6th decade, and eight in the 7th decade. All but six were far advanced, and all but 10 presented cavities.

A pneumothorax pocket was established in 62 individuals, including two bilateral cases. Attempt at pneumothorax was unsuccessful in 27 cases due to adhesions; in 34 individuals the pneumothorax was abandoned in less than one year as ineffectual. Fluid was aspirated in only

15 cases; in only four did empyema develop. Spontaneous pneumothorax occurred in five patients. Adhesions were noted in 33 cases. In four cases pneumonolysis was performed, in two of whom the pneumothorax was considered effective; in another, fluid followed and the space was converted into an oleothorax. In 20 cases the pneumothorax pocket was supplemented by a phrenic crush.

The results of treatment in cases in which pneumothorax was established, as compared with the group in which it failed, were as follows:

	Pneumothorax Pocket		Pleural Synthesis	
Arrested .....	6	10%	4	15%
Improved .....	11	18%	5	18%
Unimproved ..	27	43%	8	30%
Dead .....	18	29%	10	37%
Total .....	62		27	

### SUMMARY AND CONCLUSIONS

The results show little difference between the two groups. This small series suggests: Pneumothorax effective in only 16 per cent of these patients; obliterated pleural space prevented establishment of pneumothorax in 30 per cent of these older patients; complications to pneumothorax here were not serious; other forms of collapse such as phrenic crush and/or pneumoperitoneum were as effective as pneumothorax; careful consideration of the physiologic status of the patients in the older age group should be given before attempting to establish pneumothorax.

### PNEUMOTHORAX IN THE TREATMENT OF ACUTE MINIMAL TUBERCULOSIS \*

EDWIN G. KIRBY, M.D.

*San Diego*

IN ITS most characteristic connotation, the term acute minimal tuberculosis implies a recent, or relatively recent small area of pulmonary infiltration without cavitation. This lesion is most

\* Read before the California Trudeau Society and the California Tuberculosis Association, Los Angeles, April 10, 1942.

Abstract, panel discussion.

From Olive View Sanatorium, Olive View, California.

\* Read before the California Trudeau Society and the California Tuberculosis Association, Los Angeles, April 10, 1942.

Abstract, panel discussion.

From Vaucrain Home, San Diego.